MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					*		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51						
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43									93						
44									94						
45									95						
46									96						
47									97						
48									98						
49									99						
50									100						
TOTAL IND.		⇩		⇦		⇦			TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.									TOTAL DEP.						
TOTAL CLAIMS									TOTAL CLAIMS						

☆ *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*